

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	G.W	67094	6/1/99
O.I.P.E. CLASSIFIER	DSW	32	Coff
FORMALITY REVIEW	CM	71632	16/11/99 7/10/99

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date	
Final	Original	
1	✓	
2	✓	
3	0	0
4	✓	✓
5	✓	
6	✓	
7	✓	
8		
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10		
11	✓	
12	✓	✓
13	0	0
14	✓	
15		✓
16		✓
17		✓
18		✓
19		
20		✓
21		✓
22	✓	✓
23	✓	
24	0	0
25	✓	✓
26		✓
27		✓
28		✓
29		✓
30	✓	—
31	✓	✓
32	0	0
33	✓	✓
34	✓	✓
35	0	0
36	✓	✓
37	0	0
38	✓	✓
39	✓	✓
40	0	0
41	✓	✓
42	✓	✓
43	✓	✓
44	✓	✓
45	0	0
46	✓	✓
47	✓	✓
48	✓	✓
49	✓	✓
50	✓	

Claim	Date	
Final	Original	
51	✓	
52	✓	
53	✓	
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Claim	Date	
Final	Original	
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If more than 150 claims or 10 actions
staple additional sheet here

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